

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET							SECT. NO.	F. NO. DATE	
							APPLICANT(S)		
							CLASS		
AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT					
NO.	DEP.	NO.	DEP.	NO.	DEP.	NO.	DEP.	NO.	DEP.
1						51			
2						52			
3						53			
4						54			
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45						95			
46						96			
47						97			
48						98			
49						99			
50						100			
TOTAL NO.	2					TOTAL NO.			
TOTAL DEP.						TOTAL DEP.			
TOTAL CLAIMS	8					TOTAL CLAIMS			

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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